JUL 2 7 2008

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FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop AMENDMENT

Name:

Amedeo F. Ferraro, Esq.

Group Art Unit 3738/Examiner David Isabella

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Fax No.: 571-273-8300

No. of Pages (including this): 28

Subject: U.S. Patent Application No. 10/697,835

Date:

July 27, 2006

Gary K. Michelson

Filed: October 30, 2003

ORTHOPEDIC IMPLANT SURFACE

CONFIGURATION WITH A PROJECTION

HAVING A BACK CUT

Attorney Docket No. 101.0094-01000

Customer No. 22882 Confirmation No.: 9278 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$120.00 total amount to cover the one-month extension fee is to be charged to Deposit Account No. 50-3726) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on July 27, 2006.

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FORM PTO-1083

Attorney Docket No.: 101.0094-01000

T-603 P.002

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary K. Michelson Serial No: 10/697,835

Filed: October 30, 2003

ORTHOPEDIC IMPLANT SURFACE CONFIGURATION WITH A PROJECTION

From-MARTIN&FERRAROLLP

HAVING A BACK CUT

Confirmation No.: 9278

Art Unit: 3738 Examiner: David Isabella

HECEIVED CENTRAL FAX CENTER

JUL 2 7 2006

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sin

Transmitted herewith is a reply to the Office Action dated June 7, 2006 in the above-identified application.

No additional fee is required.

Applicant hereby requests a one-month extension of time to respond to the above office action. 冈

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADO'L FEE DUE	
TOTAL CLAIMS FEE	226	1-1	228		0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	5	7-1	5		٥	LG=\$200 SM=\$100	\$200	\$	0
	N OF MULTIPLE DEPENDEN	CLAIN	MS			GE ENTITY FE		\$	o ·
							TOTAL	5	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- The total amount of \$120.00 to cover the one-month extension of time fee is to be charged to Deposit 冈 Account No. 50-3726.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this 冈 communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, L

Amérieo F

Date: July 27, 2006

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T-603 P.004 F-

F-356

PATENT Attorney Docket No. 101.0094-01000 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gary K. Michelson	アログラン PECEIV 全力) Confirmation No.: 9278 CENTRAL FAX CENTER
Serial No.: 10/697,835 Filed: October 30, 2003	Group Art Unit: 3738 JUL 2 7 2006 Examiner: David J. Isabella
For: ORTHOPEDIC IMPLANT SURFACE CONFIGURATION WITH A	
PROJECTION HAVING A BACK CUT	,

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

<u>AMENDMENT</u>

In reply to the Restriction Requirement dated June 7, 2006, the period for reply having been extended for one month by a request for extension and fee payment filed concurrently herewith, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 25 of this paper.